



State of New Jersey
DEPARTMENT OF BANKING AND INSURANCE
LICENSING & INSURANCE EDUCATION
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TRENTON, NJ 08625-0327

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HOLLY C. BAKKE
Commissioner

CONTINUING EDUCATION CREDITS FOR MAINTAINING AN INSURANCE DESIGNATION

Purpose: Individual licensee requesting New Jersey continuing education credits for meeting the continuing education requirements of an authorized insurance designation

Mail To:

New Jersey Department of Banking & Insurance
Licensing and Insurance Education
P.O. Box 327
Trenton, NJ 08625-0327

Legal Name of Licensee _____
(as it appears on the license)
Producer's License Reference Number _____

Expiration Date of License _____

Producer's Date of Birth _____

Designation Grantor Statement: to be completed by representative of the authorized insurance designation organization

I hereby certify that the above designee has completed the continuing education requirement to maintain the _____ (name of designation) for the period _____ (duration) and is a member in good standing.

Print name of representative

Signature of representative

Address of representative

Telephone number of representative

CE-1A—6/02

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